




Name of the College	7304 - ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)
Name of the Department	CIVIL ENGINEERING
Name of the Degree & Course	B.TECH.-AGRICULTURAL ENGINEERING
Name of the faculty member	MR. NAGULANANTHAN M
Regular Or Adjunct	Regular
Image	
Present Designation	ASSISTANT PROFESSOR
Residential Address Line 1	78, KARUPPAKAVUNDAPALAYAM, PUNJAI KALAMANAGALAM, GANAPATHIPALAYAM
Line 2	ERODE-638153
District	ERODE
Telephone number	-
Mobile number	+91 - 8667823275
Email	NAGULANANTHANNAGUL@GMAIL.COM
Gender	MALE
Community	BC
PAN Number	AZOPN8792K
Passport Number	
Aadhar Number	892350677171
Faculty code given by C.O.E.	
Faculty code given by A.I.C.T.E.	11093651418
Date of Birth	16-07-1998
Age	26
I. Particulars of Educational Qualification : (only completed)	

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained / Ph.D. Awarded (Y/N)	Class obtained	Certificate
U.G.	B.SC.	OTHERS - AGRICULTURE	2019	OTHERS - TAMILNADU AGRICULTURAL UNIVERSITY	TAMIL NADU AGRICULTURAL UNIVERSITY	84.7	FIRST CLASS	
P.G.	M.SC.	OTHERS - AGRICULTURE	2021	OTHERS - TAMILNADU AGRICULTURAL UNIVERSITY	TAMIL NADU AGRICULTURAL UNIVERSITY	84.2	FIRST CLASS	

* Upload Scanned copy of Original Degree Certificate.

I.a. Additional Qualification :- NO ADDITIONAL QUALIFICATION

Score :

File :

II. Title of Ph.D. Thesis

III. Faculty in which Ph.D. was awarded

IV. Academic Experience :
(Start from the Current working Experience) *

Name of the College	Designation	Joining Date	Relieving Date / Current Date for Presently Working Institutions	Experience		
				Years	Months	Days
ERODE SENGUNTHAR ENGINEERING COLLEGE (AUTONOMOUS)	ASSISTANT PROFESSOR	01-02-2022	25-01-2024	1	11	25
Total				1	11	0

V. Industrial Experience :

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience		
					Years	Months	Days

VI. C.O.E. Appointment Experience :

Capacity at which service is extended for the conduct of Exmination during the last year

AUR (No. of days)	Squad Member (No. of days)	External Examiner (Practical) (No. of days)	Central Evaluation (No. of scripts Evaluated)	Re-Evaluation (No. of scripts Evaluated)
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It is certified that all the information provided are true to the best of my knowledge.

Signature of the Faculty :

